

Congressman Bishop delivered the following remarks at the Health Care Town Hall events in Columbus, Fort Valley, Bainbridge, and Albany in August of 2009:

I am pleased to be here today to engage in what I hope will be a respectful and informative dialogue on one of the most consequential measures to ever come before the United States Congress – health care reform.

In fact, there are few issues that touch as many lives in as deep and intimate way as health care.

Most of us have been to a doctor's office. Some of us may have even spent a night or two in the hospital for a medical procedure.

Many of us may have watched a loved one struggle with a disease, disability, or chronic health condition.

Some may be without health care coverage due to the loss of a job, or the high cost of health insurance premiums.

Some of us may have health insurance already but have found ourselves with medical bills too big to pay because the illness required more than the coverage would pay.

Some of us with health insurance may have been charged higher rates because of a pre-existing condition such as diabetes, cancer, or heart disease, or had health care coverage rescinded altogether after having contracted a serious illness.

I am here today to say that I am listening to you and that I want to take your concerns back to Washington, D.C.

I also want to hear from small business owners who currently can't afford to pay the skyrocketing costs of their employees' health insurance.

I want to hear from doctors and other medical professionals who are now overburdened with paperwork and red tape and still do not get paid fair value for their services.

I want to hear from those of you who work in the insurance industry and who are concerned about the so-called "public option" and the impact it might have on the private health insurance industry.

I want to reassure senior citizens who have heard the erroneous reports about the supposed loss of Medicare benefits and government-sponsored "death panels."

And I want to hear from my constituents who fear that the government will be taking over the health care system and permanently damaging what many believe to be the best health care in the world.

Whether you are a doctor or a patient, health care is a topic that Americans of every age, income, geographical region, and political affiliation have strong opinions about, as witnessed by the Town Hall meetings taking place across the nation.

In fact, my Congressional Offices in Columbus, Albany, Thomasville, and Washington, D.C. have been inundated with phone calls, letters, e-mails, and faxes from people both supporting and opposing health care reform.

It is my firm belief that this vigorous debate about health care reform is important to bring clarity to this complex issue and ensure that all voices are heard.

For this reason, I have scheduled four Town Hall Meetings over the next two days to hear specific concerns and what changes you would like to see in the bill. I intend to speak with you over the next few weeks in more informal settings as well.

I will do my dead-level best to respond to your questions and help you work through your concerns in the time that we are together today. If I do not know the answer, I will take down your contact information and I or a member of my staff will get back to you promptly.

Let me say at the outset that I have not decided whether to support or oppose the versions of the health care reform bill currently before Congress. It is a work in progress. Five Committees – the House Energy and Commerce Committee; the House Ways and Means Committee; the House Education and Labor Committee; the Senate Finance Committee; and the Senate Health, Education, Labor and Pensions Committee – all have drafts. There are provisions in each which I support and there are provisions just like many of you about which I have serious concerns.

But please note that your concerns and your comments will result in further changes in those Committees, in the House Rules Committee, in floor amendments, and in the House-Senate Conference Committee.

You should know, in case you have any doubt, that my vote on health care reform or any other measure does not belong to President Obama, to Speaker Pelosi, to the House Committee Chairmen, or any one else in Washington, D.C. My vote belongs to you, the people of the Second Congressional District of Georgia. It is a public trust of responsibility that you have given me to act for and on your behalf. And I will not betray your trust.

As many of you may be aware, last month the fiscally conservative House Blue Dog Coalition, of which I am a member, was successful in getting the House to agree to postpone a vote on health care until Members of Congress had adequate time to read and study the legislation and hear from our constituents.

My Blue Dog colleagues and I felt that on an issue as important as reforming our health care system, it made little sense to push a bill through Congress without full deliberation in order to meet an artificial deadline set by the President.

As a Blue dog, we believe that it is imperative that health care reform be neither Democrat, nor Republican, nor Canadian. It should be all-American.

As a Blue Dog, I am still reserving the right to review the final product, taking into account your views and the final cost estimates of the nonpartisan Congressional Budget Office, before making a final determination on any bill. We believe that the health care bill must reduce costs, not add to the budget deficit, and include strong provisions to improve delivery of health care, protect small business, and expand rural health services.

I also want to wait and see the Senate Finance Committee bill, which looks to be bipartisan and more practical than the House legislation.

Some people will argue, however, that Congress shouldn't be pushing health care reform now, given the state of the economy and the enormous costs.

Yet the worst thing that we can do is to do nothing. The cost of inaction is too great. The last time a president tried to reform U.S. health care, Americans were spending \$912 billion on the system and 40 million people were uninsured. Today, Americans are spending \$2.5 trillion and almost 47 million people still lack coverage.

In addition, health insurance premiums for families have risen 119% since 1999, according to the Kaiser Family Foundation. In Georgia, health insurance premiums have increased 73% from 2000 to 2007. Inflation has risen nearly 29% over that period nationwide, according to the Labor Department.

Premium costs are projected to rise another 9% next year, an increase that 42% of employers plan to pass on to their workers, according to a June 2009 report by PricewaterhouseCoopers.

Small businesses also are now paying 18% more than big businesses for the same policy. Owners of small businesses say that these rising health care costs are the primary obstacle to job creation.

In Georgia, premium costs are projected to rise nearly 8%. That's likely to further squeeze millions of people who find themselves in high-deductible insurance plans as wages stagnate because of the recession.

Furthermore, per person health care spending in the United States is nearly twice the average of other developed nations. An average American family also pays a hidden tax of \$1,100 a year in premiums to support the 46 million uninsured.

With rising health insurance costs, we can no longer kick the can down the road and expect that future generations will solve it. All of my colleagues in the Blue Dog Coalition, myself included, believe that we have an economic obligation to get health care costs under control to ensure that they do not threaten the financial stability of employers, workers, governments, and American households.

Poor health and shorter life spans of the uninsured also adversely impact the nation in terms of lost income and productivity.

According to the Center for American Progress, Georgia's nearly 1.9 million uninsured are costing the state between \$4.5 billion and \$9 billion in lost productivity.

I also believe that we have a national security obligation to reform health care to ensure that the young men and women who will join our military are healthy and physically fit for service.

And I believe that we have a moral obligation to ensure that all Americans, regardless of race, ethnicity, geography, and income, receive the health care they need to lead healthy and productive lives.

The House health care reform bill is not perfect. Many obstacles lie ahead before it is brought to the President's desk for his signature. However, there are a number of misconceptions about the bill that are being reported.

The legislation will not, for example, lead to employers discontinuing health care coverage in favor of government coverage. The Congressional Budget Office has stated that it will actually increase the number of people who get employer-based health insurance compared with current law.

Nor will the legislation cover illegal immigrants, since there is specific language in the bill (Section 246) that prohibits federal funds from being spent to cover them.

The bill will not lead to government-sponsored abortions. In fact, an amendment was added in the House Energy and Commerce Committee that explicitly states that no public funds can be used to fund abortions.

And finally, the measure will not lead to government-sponsored euthanasia. The bill includes a provision that would require Medicare to cover advanced care consultations for the first time, but it does not mandate individuals to take advantage of it. In addition, the consultations would take place between the patient and a doctor or nurse practitioner, not a government official.

You also should be aware that the Blue Dog Coalition amendment that was adopted in the House Energy and Commerce Committee includes language which states that information to be provided to seniors on end-of-life planning "shall not promote suicide, assisted suicide or the active hastening of death."

The amendment also ensures that such information "shall not presume the withdrawal of treatment and shall include end-of-life planning information that includes options to maintain all or most medical interventions."

In other words, if you want every possible medical procedure to be done to save your life – all possible medical treatments until your last breath – advanced consultation with your health care provider is the best means of ensuring that your wishes regarding end-of-life care are

respected.

Before I take your questions, I want to be perfectly clear on this point. I will not support any legislation that will jeopardize the quality and the choice of health care that you currently receive. You have my personal commitment on this issue.

Thank you for listening.